EXHIBIT_	3
DATE	2-11+09
НВ	2

HOUSE OF REPRESENTATIVES

APPROPRIATIONS SUBCOMMITTE Public Health and Human Services

WITNESS STATEMENT

PLEASE PRINT

NAME Navy Eyler MD BUDGET Public Health & Safety D'VI 2831 Fort Missoula Rd. Suite 102 ADDRESS MISSOULA NT DATE 2/11/09 WHOM DO YOU REPRESENT? health cave facilities
ADDRESS 11:55 Alissoula Rd. Suite 102 2/11/09
59804 DATE - 111/01
WHOM DO YOU REPRESENT? health cave facilities
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<u>SUPPORT:</u> OPPOSE AMEND
COMMENTS:
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of the MT Carliovascular Disease and
Testifying on benefits and achievements of the MT Carliovascular Disease and Diabeter Prevention Pregram.